

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	INHIBITION OF VASCULAR ENDOTHELIAL GROWTH FACTOR
Attorney Docket Number::	LYMF-P01-008
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Chaim
Middle Name::	M.
Family Name::	Roifman
City of Residence::	North York
Country of Residence::	Canada
Street of mailing address::	33 Christine Crescent
City of mailing address::	North York
State or Province of mailing address::	ON
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	M2R 1A4

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Amos
Middle Name:: J.
Family Name:: Simon
City of Residence:: Yehud
Country of Residence:: Israel
Street of mailing address:: 4 Mevo-Brush
Street of mailing address:: Kiryat Hasavionim, P. O. Box 12413
City of mailing address:: Yehud
Country of mailing address:: Israel
Postal or Zip Code of mailing address:: 56452

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Peter
Middle Name:: M.
Family Name:: Demin
City of Residence:: Toronto
Country of Residence:: Canada
Street of mailing address:: 40 High Park Avenue, Apt. 414
City of mailing address:: Toronto
State or Province of mailing address:: ON
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: M6P 2S1

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Russian Federation
Status:: Full Capacity

Given Name:: Olga
 Family Name:: Rounova
 City of Residence:: Toronto
 Country of Residence:: Canada
 Street of mailing address:: 40 High Park Avenue, Apt. 414
 City of mailing address:: Toronto
 State or Province of mailing address:: ON
 Country of mailing address:: Canada
 Postal or Zip Code of mailing address:: M6P 2S1

Correspondence Information

Correspondence Customer Number:: 28120

Representative Information

Representative Customer Number:: 28120

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	CA2003/001558	October 10, 2003
CA2003/001558	An application claiming the benefit under 35 USC 119(e)	60/417,642	October 11, 2002

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Canada	2,407,755	October 11, 2002	Yes

Assignee Information

Assignee name:: The Hospital for Sick Children
 Street of mailing address:: 555 University Avenue
 City of mailing address:: Toronto
 State or Province of mailing address:: ON
 Country of mailing address:: Canada
 Postal or Zip Code of mailing address:: M5G 1X8